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More than 1,000 long-term care residents died of COVID-19 in older, multibed homes, analysis shows

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A woman opens the door for a person in a wheelchair at Pinecrest Nursing Home in Bobcaygeon, Ont., on March 30

A woman opens the door for a person in a wheelchair at Pinecrest Nursing Home, in Bobcaygeon, Ont., on March 30, 2020.

CARLOS OSORIO/REUTERS

Three dozen nursing homes in Ontario have accounted for 55 per cent of the province's COVID-19 deaths in long-term care, a Globe and Mail analysis has found, revealing how residents in older facilities with multibed wards have been particularly vulnerable during the pandemic.

The coronavirus has killed 1,847 people in 104 of the 633 long-term care homes in Ontario to date, according to the analysis. Just over 1,000 of those deaths were in 36 older homes where many residents sleep in the same room and share a bathroom with two or three other people. Another 834 residents died in the remaining 68 homes with fatal outbreaks.

In Ontario, almost 40 per cent of nursing homes do not meet current provincial government design standards banning wards, making the province a national outlier. Most of the homes were built 50 years ago, when wards were common across Canada.

In a bid to catch up, Ontario Premier Doug Ford unveiled plans on Tuesday to fast-track building a new home with 320 beds, the third to be announced in recent weeks for hospital lands.

During the pandemic, physical distancing kept the coronavirus in check for the most part in the community. But Ontario's emergency plan did not include measures to reduce crowding in nursing homes. Once the virus found its way into older homes, it was impossible for residents sleeping in ward rooms separated by nothing but a cloth curtain to practise distancing, leaving them acutely susceptible to becoming ill.

"They would have known beforehand that four-bed rooms are a bad idea," said Nathan Stall, a geriatrician at Mount Sinai Hospital in Toronto. "It was almost as if the house was lit on fire, we locked the door and told them to fend for themselves."

The risk posed by multibed wards was also apparent in two other provinces where the virus was particularly lethal. Quebec and Nova Scotia have eliminated all but a tiny portion of ward rooms, but some remaining homes with wards suffered large numbers of fatalities.

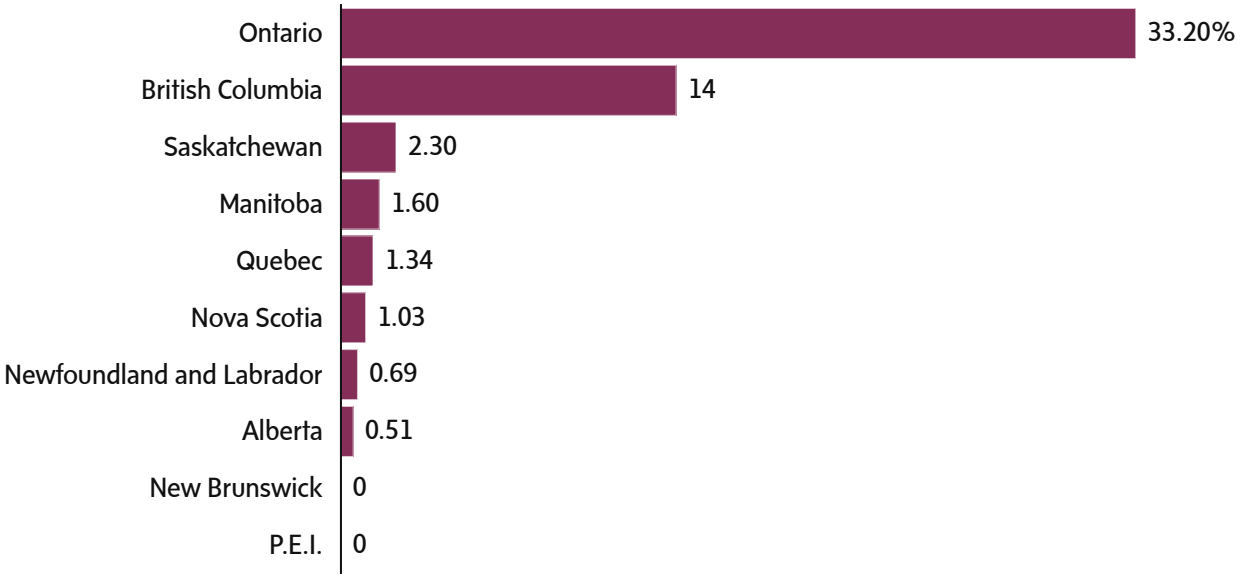
At the Notre-Dame-de-la-Merci home in Montreal, which has 134 double rooms and 14 triple rooms, there were 100 deaths. At Northwood Manor in Halifax, where 27 beds are in triple rooms, 53 residents died.

Despite pledges by successive governments to modernize long-term care homes, Ontario has lagged behind every other province in eliminating wards.

New Brunswick and Prince Edward Island have replaced all their wards with single- and double-occupancy rooms. In British Columbia, 88 per cent of the rooms are single. Fewer than 1 per cent of the beds in Alberta and Newfoundland and Labrador are in wards.

Share of beds in ward rooms in long-term care homes by province

Percentage



THE GLOBE AND MAIL, SOURCE: PROVINCIAL GOVERNMENTS

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The outdated homes in Ontario are a legacy of decades of neglect, critics say. The province introduced new rules in 1998, requiring homes to house residents in single- or double-occupancy rooms. But both Progressive Conservative and Liberal governments have not provided sufficient funding to build new homes and upgrade existing ones.

Among Ontario's 633 facilities, 230 are built to design standards dating back to 1972. Another 14 fall below that threshold, according to a government database of bed classifications analyzed by The Globe.

Shortly after taking office in 2018, Mr. Ford pledged to spend $1.75-billion building new homes to add 15,000 beds and upgrade existing facilities. So far his government has approved only nine construction projects.

In a renewed effort to spur development, Ontario unveiled a revised capital funding model last month that includes more generous financial incentives.

"Our government didn't create this problem, but I can promise you we are going to fix it," Mr. Ford vowed.

The modular home that he announced on Tuesday as part of a pilot project will be built at Humber Memorial Hospital's Finch site in Toronto and ready for occupancy next year. By working with the province's hospital partners, Mr. Ford said, his government can deliver new beds in months, not years.

Jodi Hall, head of the Canadian Association for Long Term Care, which represents many home operators across the country, said the sector has long fallen through the cracks and has called on the federal government to help fund the cost of updating homes.

"We can see just how devastating shared rooms can be in an outbreak," she told the House of Commons standing committee on health this spring.

COVID-19 deaths at long-term care homes in Ontario with multibed wards

Three or four residents share a bedroom and bathroom in multibed wards. Beds in these wards are classified as 'C' by the province, meaning they meet the 1972 design standards for long-term care homes. Death figures are current to Aug. 10, 2020.

	OWNED BY	↓ TOTAL DEATHS	DEATHS AS % OF BEDS	WARD BED %
Orchard Villa Pickering	Southbridge	**70**	30.0%	17.2%
Camilla Care Community Mississauga	Sienna	**68**	28.8%	26.3%
Downsview LTC North York	Gem Health	**64**	25.4%	54.8%
Carlingview Manor Ottawa	Revera	**61**	21.0%	36.8%
Altamont Care Scarborough	Sienna	**53**	33.3%	39.0%
Forest Heights LTC Kitchener	Revera	**51**	21.3%	58.3%
Hawthorne Place Care Centre North York	Rykka	**51**	19.0%	26.0%
Extendicare Guildwood Scarborough	Extendicare	**48**	28.4%	9.5%
Eatonville Care Centre Etobicoke	Rykka	**42**	17.0%	4.9%

Seven Oaks Toronto	Municipal	**41**	16.5%	0.0%

SHOW ALL

THE GLOBE AND MAIL, SOURCE: ONTARIO MINISTRY OF LONG-TERM CARE AND EACH HOME'S SERVICE ACCOUNTABILITY AGREEMENT WITH THE PROVINCE

NOTES: HOMES WITH FEWER THAN FIVE DEATHS HAVE BEEN EXCLUDED.

*SOME BEDS AT CHARTWELL GIBSON IN NORTH YORK ARE CLASSIFIED AS 'UPGRADED D'. THESE BEDS DO NOT MEET THE 1972 DESIGN STANDARDS.

Twenty-nine of the 36 facilities that accounted for more than half of the deaths in long-term care homes in Ontario are owned by for-profit corporations. Six nursing home chains – Extendicare Canada Inc., Sienna Senior Living Inc., Chartwell Retirement Residences, Revera Inc., Rykka Care Centres and Southbridge Care Homes – own 22 of them.

The companies say insufficient government funding and a cumbersome approval process have restricted their ability to replace wards with three types of accommodation: private bedroom and bathroom; two single rooms with a shared bathroom; and double-occupancy rooms.

Revera applied to the province in 2018 and again the following year to redevelop all 32 of its homes that feature multibed wards, said spokesman Larry Roberts.

So far the government has approved just one project, which is now under construction: upgrading a 100-bed home in London, Ont., that had an outbreak of COVID-19 but no deaths.

Revera owns five of the 36 severely hit homes, including Forest Heights Long Term Care in Kitchener, where 51 residents died of COVID-19.

Extendicare spokeswoman Rebecca Scott said the company began talking to the government a decade ago about redeveloping all its C-class homes in Ontario – those that meet the Ministry of Long-Term Care's 1972 design standards.

The company resubmitted applications in July and got the go-ahead to begin developing one new home, Ms. Scott said. Other applications are pending, she added.

At its hardest-hit home, Extendicare Guildwood, 48 people died of the virus.

"COVID-19 has presented extreme challenges across the long-term care community, but especially in aging homes with C-class beds," Ms. Scott said.

Southbridge-owned Orchard Villa in Pickering, east of Toronto, experienced the worst outbreak in the province, with 70 deaths. A company spokesman said an application to redevelop the home is pending.

Chartwell, which is chaired by former Ontario premier Mike Harris and is the largest retirement home operator in Canada, owns 23 long-term care homes in Ontario. In May, Chartwell put on hold plans to redevelop Ballycliffe in Ajax, where 32 residents died of COVID-19, "due to not having our redevelopment proposal approved," spokeswoman Sharon Ranalli said.

Critics say the for-profit companies have little incentive to upgrade their homes. With more than 30,000 people on the waiting list for about 78,400 long-term care beds in Ontario, demand far exceeds supply.

"It doesn't matter if [the homes] do poorly," said Pat Armstrong, a sociology professor at York University who has done extensive research on nursing homes. "They are going to be paid and they are going to be full."

Jane Meadus, a lawyer at the Advocacy Centre for the Elderly, said that despite all the promises to add new beds, the government has not come up with a plan for home owners to build new facilities in densely populated urban centres.

Homes in small communities often have enough land to leave residents in place while a new facility is under construction, she said. But this is not possible in large cities, where outdated homes are on lots surrounded by other buildings.

Operating licences for the homes with wards expire in June, 2025. It typically takes three years to plan and build a new facility.

The government is under enormous pressure to build new beds as the province braces for an anticipated second wave of the virus. Ontario's Chief Medical Officer of Health, David Williams, has banned nursing homes from placing new residents in ward rooms, but the order does not affect existing residents in three- and four-bed rooms.

"There's a huge waiting list," said Dr. Stall, the Mount Sinai geriatrician who has researched the impact of the virus on residents in older, crowded homes. "This is going to put further stress on people during a very difficult time."

With a report from Tu Thanh Ha

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